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Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | ora o  |
|--|--------|
| Attorney Docket No. 42390P11773  | S. 017 |
| (maximum 12 characters)  First Named Inventor Knauerhase, et al.                                       | 296    |
| Title: Emulating Push Functionality In Cellular Data Networks  | 660    |
| Express Mail Label No. EL899343147US   | ¥ =    |

**Assistant Commissioner for Patents** 

|      |                | Box Patent Application<br>Washington, D. C. 20231   |  |  |  |
|------|----------------|---|--|--|--|
|      |                | ELEMENTS pter 600 concerning utility patent application contents.   |  |  |  |
| 1.   | <u>x</u>       | Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)   |  |  |  |
| 2.   |                | Applicant Claims Small Entity Status. (37 CFR 1.27)   |  |  |  |
| 3.   | <u>X</u>       | Specification (Total Pages14) (preferred arrangement set forth below) - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure |  |  |  |
| 4.   | <u>x</u>       | Drawings(s) (35 USC 113) (Total Sheets4)  |  |  |  |
| 5.   | <u>X</u>       | Oath or Declaration (Total Pages <u>5</u> )   |  |  |  |
|      |                | a. X Newly Executed (Original or Copy)  |  |  |  |
|      |                | b Copy from a Prior Application (37 CFR 1.63(d))  (for Continuation/Divisional with Box 17 completed)   |  |  |  |
|      |                | <ul> <li>i. <u>DELETIONS OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul>  |  |  |  |
|      |                | c Unsigned.   |  |  |  |
| 6.   |                | Application Data Sheet. (37 CFR 1.76)   |  |  |  |
| 7.   |                | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)   |  |  |  |
| 8.   | (ıf applicable | Nucleotide and/or Amino Acid Sequence Submission , all necessary)  Computer Readable Form (CRF)   |  |  |  |
|      | b              | Specification Sequence Listing on iCD-ROM or CD-R (2 copies); or ii paper   |  |  |  |
| L    | C              | Statement verifying identity of above copies  |  |  |  |
| Dock | cet No.: 42    | 390P11773   |  |  |  |

Express Mail No.: EL899343147US

|  |  | ACCOMPANYING APPLICATION PARTS   |
|--|--|--|
| 10.  | <u>X</u>   | Assignment Papers (cover sheet & documents(s)) a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)   |
|  | <u>X</u>   | b. Power of Attorney   |
| 11.  |  | English Translation Document (if applicable)   |
| 12.  |  | a. Information Disclosure Statement (IDS)/PTO-1449   |
|  |  | b. Copies of IDS Citations   |
| 13.  |  | Preliminary Amendment  |
|  | <u>X</u>   | Return Receipt Postcard (MPEP 503) (Should be specifically itemized)   |
|  |  | Certified Copy of Priority Document(s) (if foreign priority is claimed)  |
| 16.  |  | Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.   |
| 17.  |  | Other:   |
| 18A.   | If a CO  | NTINUING APPLICATION, check appropriate box and supply the requisite information:  |
| Of P   | C<br>Prior App   | ontinuation Divisional Continuation-in-part (CIP)  |
| (which<br>which  | is a<br>is a   | continuation/ divisional/ CIP of prior application no, continuation/ divisional/ CIP of prior application no) (List entire chain of priority)  |
|  |  |  |
| an oat<br>contin<br>be reli<br>18B.<br>the as<br>assigr  | th or dec<br>nuation of<br>ied upon<br>Stateme<br>The und<br>ssignee of<br>nment re  | ATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which claration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only when a portion has been inadvertently omitted from the submitted application parts.  Intunder 37 CFR 3.73(b) for continuing application:  Idersigned states that |
| an oat<br>contin<br>be reli<br>18B.<br>the as<br>assigr<br>(or a c   | th or decided upon<br>Statements<br>The undersignee comment re-<br>copy of v   | claration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only when a portion has been inadvertently omitted from the submitted application parts.  Intunder 37 CFR 3.73(b) for continuing application:    lersigned states that   |
| an oat<br>contin<br>be reli<br>18B.<br>the as<br>assigr  | th or decided upon Stateme The uncestigned comment recopy of v   | claration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only when a portion has been inadvertently omitted from the submitted application parts.  Intunder 37 CFR 3.73(b) for continuing application:  Lersigned states that   |
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| an oat continue reliation to the assign (or a continue reliation and | Statement recopy of v  | divisional application and is hereby incorporated by reference. The incorporation can only when a portion has been inadvertently omitted from the submitted application parts.  Intunder 37 CFR 3.73(b) for continuing application:  Idersigned states that  |

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| TOTAL AMOUNT OF PAYMENT (\$)   1250.00   | TOTAL AMOUNT OF PAYMENT (\$)   1250.00  |  | maer the Paperwork  |                         | E TRANSMITTAL FOR F               | ection of information unless it displays a valid OMB control number |  |  |
|--|---|--|---|-------------------------|-----------------------------------|---|--|--|
| Complete if Known:   | Complete if Known:  |  |   |                         |                                   |   |  |  |
| 1. [ X ] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:    Deposit Account Number   Deposit Accou   | 1. [ X ] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:    Deposit Account Number   Deposit Account Name   | Application Filing Date _ First Named Group Art Un Examiner Na | Complete if Known:  Application No. Not Yet Assigned  Filing Date Concurrently Herewith  First Named Inventor Knauerhase, et al.  Group Art Unit Not Yet Assigned  Examiner Name Not Yet Assigned |                         |                                   |   |  |  |
| 1. [ X ] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:    Deposit Account Number   Deposit Accou   | 1. [ X ] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:    Deposit Account Number   Deposit Account Name   | METHOD C   | F PAYMEN  | T (check one            | e)                                |   |  |  |
| [ X ] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  | [ X ] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17   |  | The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:   |                         |                                   |   |  |  |
| [ ] Applicant claims small entity status. See 37 CFR 1.27  2. X Payment Enclosed: X Check  | [ ] Applicant claims small entity status. See 37 CFR 1.27  2. X Payment Enclosed: X Check Credit Card Money Order Other  FEE CALCULATION  1. BASIC FILING FEE  Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Code (\$) Itility application filing fee 710.00  106 320 206 160 Design application filing fee 710.00  107 490 207 245 Plant filing fee 710.00  108 710 208 355 Reissue filing fee 710.00  2. EXTRA CLAIM FEES Extra Claims See Substorm filing fee Substorm filing fee 710.00  2. EXTRA CLAIM FEES Extra Claims Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe  |  | Deposit   | Account Na              | me                                |   |  |  |
| 2. X Payment Enclosed: X Check   | 2. X Payment Enclosed: X Check  | [ X  |   | -                       | •                                 |   |  |  |
| Credit Card   Money Order  | Credit Card   Money Order   Other   | [  | ] Applicar  | nt claims sm            | iall entity status. See 37 CFR 1  | .27<br>   |  |  |
| 1. BASIC FILING FEE  Large Entity  | 1. BASIC FILING FEE   | 2. <u>X</u>  | Paymen  | Credit Card Money Order |                                   |   |  |  |
| Large Entity   Small Entity   Fee      | Large Entity   Small Entity   Fee         | FEE CALC   | JLATION   |                         |                                   |   |  |  |
| Fee  | Fee   Fee   Fee   Fee   Fee   Fee   Code   (\$)   Code   (\$)   Fee Description   Fee Paid   710.00   | 1. BASI  | C FILING FE   | E                       |                                   |   |  |  |
| Code (\$)   Code (\$)   Fee Description   Fee Paid   | Code (\$)   | Large Entity   | Small Er  | ntity                   |                                   |   |  |  |
| 101  | 101   |  |   |                         | <b>.</b>                          |   |  |  |
| 106 320 206 160 Design application filling fee 107 490 207 245 Plant filling fee 108 710 208 355 Reissue filling fee 114 150 214 75 Provisional application filling fee 114 150 214 75 Provisional application filling fee  SUBTOTAL (1) \$710.00  2. EXTRA CLAIM FEES  Extra Claims  Extra Claims  SUBTOTAL (1) \$710.00  2. EXTRA CLAIM FEES  Extra Claims  Extra Claims  Extra Claims  Fee from below  Fee Paid  Total Claims 30  | 106   320   206   160   Design application filling fee   107   490   207   245   Plant filling fee   108   710   208   355   Reissue filling fee   114   150   214   75   Provisional application filling fee   214   75   Provisional application filling fee   214   215   Provisional application filling fee   215   SUBTOTAL (1) \$ \frac{710.00}{2.00}   \frac{Extra Claims}{SUBTOTAL (1)} \$ \frac{710.00}{2.00}   \frac{Extra Claims}{SUBTOTAL (1)} \$ \frac{710.00}{2.00}   \frac{Extra Claims}{SUBTOTAL (1)} \$ \frac{710.00}{2.00}   \frac{Fee Fee Fee Paid}{SUBTOTAL (1)} \$ \frac{710.00}{2.00}   \frac{Fee Paid}{SUBTOTAL (1)} \$ \frac{710.00}{2.00}   \frac{Fee Paid}{SUBTOTAL (2)} \$ \frac{180.00}{3.20.00}   \frac{180.00}{3.20.00} | [ (+)  |   |                         |                                   |   |  |  |
| 108  | 108   |  |   |                         |                                   | 7.10.00   |  |  |
| SUBTOTAL (1) \$ 710.00   | SUBTOTAL (1) \$ 710.00  |  |   |                         |                                   |   |  |  |
| Subtotal (1) \$ 710.00   | 2. EXTRA CLAIM FEES    Extra Claims   Substitution       | 1 -  |   |                         |                                   |   |  |  |
| 2. EXTRA CLAIM FEES  Extra Claims  Extra Cla   | 2. EXTRA CLAIM FEES  Extra Claims  Fee Fee Fee Paid  X 18.00  Extra 0.00  Ex      | 114 13   | 214   | /3 FIU                  | visional application filling fee  |   |  |  |
| Total Claims   30  | Extra Claims   Selow   Fee Paid   |  |   |                         |                                   | SUBTOTAL (1) \$ 710.00  |  |  |
| Total Claims 30  | Total Claims 30   | 2. EXTE  | RA CLAIM FE   | EES                     | Fator Old                         |   |  |  |
| Independent Claims 7   | Independent Claims 7  |  |   |                         | Extra Claims                      | <del></del>   |  |  |
| Multiple Dependent         =           **Or number previously paid, if greater; For Reissues, see below.           Large Entity         Small Entity           Fee         Fee         Fee           Code         (\$)         Code           103         18         203         9           Claims in excess of 20         0.00           102         80         202         40           Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00  | Multiple Dependent         **Or number previously paid, if greater; For Reissues, see below.         Large Entity       Small Entity         Fee Fee Fee         Code (\$) Code (\$) Fee Description         103       18       203       9       Claims in excess of 20       0.00         102       80       202       40       Independent claims in excess of 3       0.00         104       270       204       135       Multiple dependent claim, if not paid       0.00         109       80       209       40       **Reissue independent claims over original patent       0.00         110       18       210       9       **Reissue claims in excess of 20 and over original patent       0.00         SUBTOTAL (2)       \$ 500.00   | 1  |   |                         |                                   | <del></del>   |  |  |
| **Or number previously paid, if greater; For Reissues, see below.  Large Entity   Small Entity   Fee   Fee   Fee   Code (\$)   Code (\$)   103   18   203   9   Claims in excess of 20   102   80   202   40   104   270   204   135   105   Multiple dependent claims in excess of 3   106   270   204   135   107   Multiple dependent claims over original patent   108   80   209   40   109   80   209   40   109   **Reissue claims in excess of 20 and over original patent   100   18   210   9   100   **Reissue claims in excess of 20 and over original patent   100   0.00 | **Or number previously paid, if greater; For Reissues, see below.  Large Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description  103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) \$ 500.00   |  |   | :                       | 3** = _4                          |   |  |  |
| Large Entity         Small Entity           Fee         Fee         Fee         Fee         Fee         Fee Description           103         18         203         9         Claims in excess of 20         0.00           102         80         202         40         Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00  | Large Entity         Small Entity           Fee         Fee         Fee           Code (\$)         Code (\$)         Fee Description           103         18         203         9         Claims in excess of 20         0.00           102         80         202         40         Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00           SUBTOTAL (2)         \$ 500.00  |  |   |                         |                                   |   |  |  |
| Fee         Fee         Fee         Fee         Fee Code         Fee Description           103         18         203         9         Claims in excess of 20         0.00           102         80         202         40         Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00   | Fee         Fee         Fee         Fee Code         Fee Description           103         18         203         9         Claims in excess of 20         0.00           102         80         202         40         Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00           SUBTOTAL (2)         \$ 500.00   |  |   |                         |                                   |   |  |  |
| Code         (\$)         Code         (\$)         Fee Description           103         18         203         9         Claims in excess of 20         0.00           102         80         202         40         Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00  | Code         (\$)         Fee Description           103         18         203         9         Claims in excess of 20         0.00           102         80         202         40         Independent claims in excess of 3         0.00           104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00           SUBTOTAL (2)         \$ 500.00  |  |   |                         |                                   |   |  |  |
| 103       18       203       9       Claims in excess of 20       0.00         102       80       202       40       Independent claims in excess of 3       0.00         104       270       204       135       Multiple dependent claim, if not paid       0.00         109       80       209       40       **Reissue independent claims over original patent       0.00         110       18       210       9       **Reissue claims in excess of 20 and over original patent       0.00  | 103       18       203       9       Claims in excess of 20       0.00         102       80       202       40       Independent claims in excess of 3       0.00         104       270       204       135       Multiple dependent claim, if not paid       0.00         109       80       209       40       **Reissue independent claims over original patent       0.00         110       18       210       9       **Reissue claims in excess of 20 and over original patent       0.00         SUBTOTAL (2)       \$ 500.00  |  |   |                         | <u>Description</u>                |   |  |  |
| 104         270         204         135         Multiple dependent claim, if not paid         0.00           109         80         209         40         **Reissue independent claims over original patent         0.00           110         18         210         9         **Reissue claims in excess of 20 and over original patent         0.00  | 104   270   204   135   Multiple dependent claim, if not paid     0.00     109   80   209   40   **Reissue independent claims over original patent   0.00   110   18   210   9   **Reissue claims in excess of 20 and over original patent   0.00     SUBTOTAL (2) \$ 500.00  | 103 1  | 8 203   |                         |                                   |   |  |  |
| 109 80 209 40 **Reissue independent claims over original patent 0.00 110 18 210 9 **Reissue claims in excess of 20 and over original patent 0.00   | 109 80 209 40 **Reissue independent claims over original patent 0.00 110 18 210 9 **Reissue claims in excess of 20 and over original patent 0.00  SUBTOTAL (2) \$ 500.00  | ſ  |   |                         |                                   | <del></del>   |  |  |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent 0.00  | 110 18 210 9 **Reissue claims in excess of 20 and over original patent 0.00 SUBTOTAL (2) \$ 500.00  | 1  |   |                         |                                   | <del></del> -   |  |  |
| · · · · · · · · · · · · · · · · · · ·  | SUBTOTAL (2) \$ 500.00  |  |   |                         |                                   |   |  |  |
| ALIDEA A. (A) A. EAA AA  |   | 110  | U 210   | a Re                    | issue ciainis ili excess di 20 di | ·   |  |  |
|  |   |  |   |                         |                                   |   |  |  |

| 3. ADDITIONAL FEES                   |              |              |               |  |                 |
|--------------------------------------|--------------|--------------|---------------|--|-----------------|
| Large                                | Entity       | Small E      | Intity        |  |                 |
| Fee                                  | Fee          | Fee          | Fee           |  |                 |
| Code                                 | (\$)         | Code         | (\$)          | Fee Description  | Fee Paid        |
| 105                                  | 130          | 205          | 65            | Surcharge - late filing fee or oath                                |                 |
| 127                                  | 50           | 227          | 25            | Surcharge - late provisional filing fee<br>or cover sheet          |                 |
| 139                                  | 130          | 139          | 130           | Non-English specification  |                 |
| 147                                  | 2,520        | 147          | 2,520         | For filing a request for ex parte reexamination                    | <del> </del>    |
| 112                                  | 920*         | 112          | 920*          | Requesting publication of SIR prior to                             |                 |
| 112                                  | 320          | , , , ,      | 320           | Examiner action  |                 |
| 113                                  | 1,840*       | 113          | 1,840*        | Requesting publication of SIR after                                |                 |
|                                      |              |              |               | Examiner action  | <del></del>     |
| 115                                  | 110          | 215          | 55            | Extension for reply within first month                             |                 |
| 116                                  | 390          | 216          | 195           | Extension for reply within second month                            |                 |
| 117                                  | 890          | 217          | 445           | Extension for reply within third month                             |                 |
| 118                                  | 1,390        | 218          | 695           | Extension for reply within fourth month                            | <del></del>     |
| 128                                  | 1,890        | 228          | 945           | Extension for reply within fifth month                             | <del></del>     |
| 119                                  | 310          | 219          | 155           | Notice of Appeal   | <del></del>     |
| 120                                  | 310          | 220          | 155           | Filing a brief in support of an appeal                             | <del></del>     |
| 121                                  | 270          | 221          | 135           | Request for oral hearing   |                 |
| 138                                  | 1,510        | 138          | 1,510         | Petition to institute a public use proceeding                      |                 |
| 140                                  | 110          | 240          | 55<br>620     | Petition to revive - unavoidable                                   |                 |
| 141<br>142                           | 1,240        | 241<br>242   | 620<br>620    | Petition to revive - unintentional                                 |                 |
| 142                                  | 1,240<br>440 | 242<br>243   | 220           | Utility issue fee (or reissue)                                     |                 |
| 144                                  | 600          | 243<br>244   | 300           | Design issue fee<br>Plant issue fee                                | <del></del>     |
| 122                                  | 130          | 122          | 130           | Petitions to the Commissioner                                      | <del></del>     |
| 123                                  | 130          | 123          | 130           | Petitions related to provisional applications                      |                 |
| 126                                  | 180          | 126          | 180           | Submission of Information Disclosure Stmt                          |                 |
| 581                                  | 40           | 581          | 40            | Recording each patent assignment per                               |                 |
| 00.                                  | -10          | 00.          | -10           | property (times number of properties)                              | 40.00           |
| 146                                  | 710          | 246          | 355           | For filing a submission after final rejection                      |                 |
| 149                                  | 710          | 249          | 355           | (see 37 CFR 1.129(a)) For each additional invention to be examined | <del></del>     |
| 143                                  | 710          | 243          | 333           | (see 37 CFR 1.129(b))  |                 |
| 179                                  | 710          | 279          | 355           | Request for Continued Examination (RCE)                            |                 |
| 169                                  | 900          | 169          | 900           | Request for expedited examination of a design                      |                 |
|                                      |              |              |               | application  |                 |
| Othe                                 | r fee (speci | ty)          |               |  |                 |
| Othe                                 | r fee (speci | fy) _        |               |  |                 |
|                                      |              |              |               |  |                 |
| *Dade                                | d bu Daai    | a Filipa Fac | . Daid        | SUBTOTAL (3)   | \$ <u>40.00</u> |
| "Reau                                | ced by Basi  | c riling rei | e Palo        |  |                 |
| SUB                                  | MITTED B     | <u>Y</u> :   |               |  |                 |
| Typed or Printed Name: Libby H. Hope |              |              |               |  |                 |
| Sign                                 | ature: _     | XH           | Dl_           | Date: September 21,  | 2001            |
| De-                                  | Muncher      | 16 77        | r<br><b>1</b> | Telephone Number: <u>303-740-1980</u>                              |                 |
| reg.                                 | Number:      | 46, 774      | <u> </u>      | relephone number. 303-740-1960                                     |                 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Docket No.: 42390P11773 Express Mail No.: EL899343147US

## DEPOSIT CERTIFICATE

| Attorney Dock  | et No.: 42390P11773   |  |  |  |
|--|---|--|--|--|
| "Express Mail" Label Number: <u>EL899343147US</u>  |   |  |  |  |
| Date of Depos  | it: September 21, 2001  |  |  |  |
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